

NH POLICE STANDARDS & TRAINING COUNCIL

EMPLOYEE STATUS NOTIFICATION FORM "A"

PLEASE PRINT OR TYPE

| | | | | |
|---|--|------------|---|------------------|
| 1. Social Security No. | 2. Last Name | First Name | Middle Initial | 3. Date of Birth |
| 4. Department | 5. Department Address | | 6. Effective Date of Employment | |
| 7. To Hold Position of: (Chief, Lieutenant, Officer, CO, etc.) | | | 8. Check One: Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> | |
| 9. General Education: (Check One) High School <input type="checkbox"/> G.E.D. <input type="checkbox"/> (Please submit copy) | 10. College: (Check One) Associates <input type="checkbox"/> Masters <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctorate <input type="checkbox"/> _____ Credit Hours (If no degree) | | 11. College Major: _____ _____ | |
| 12. Prior Law Enforcement Experience (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. We are requesting certification based on prior training and experience. (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 14. Place an "X" after each of the following minimum requirements to indicate they have been complied with: | | | | |
| | | | YES | NO |
| a. The officer attests to being a citizen of the United States. | | | | |
| b. The officer has been fingerprinted and the prints have been submitted to the NH State Police (Fingerprint Bureau) for criminal record checks. | | | | |
| c. The officer has been found not to have been convicted of a felony under state or federal law. | | | | |
| d. The officer's background has been investigated. | | | | |
| e. The officer has been examined by a licensed physician. | | | | |
| <p>The above-named officer satisfactorily meets the Council's minimum standards for employment as a police/ corrections officer and the hiring authority certifies that all items in Section 14. have been complied with. This form is signed subject to the provisions of RSA 641:3 (Unsworn Falsification).</p> <p>Signature of Hiring Authority (no stamp) _____</p> <p>Date: _____ Title _____</p> | | | | |
| NOTICE: A PHOTOCOPY OF THE APPLICANT FINGERPRINT CARD ON THIS OFFICER MUST BE ATTACHED TO THIS FORM "A" OR IT WILL BE REJECTED | | | | |